



NEW JERSEY MOTOR VEHICLE COMMISSION

West Deptford Regional Service Center
215 Crown Point Road, Suite 100
West Deptford, NJ 08086

REQUEST FOR MEDICAL EXEMPTION TO APPLY VEHICLE SUN-SCREENING

The following information is to be completed by the applicant. (Please print or type.)

Name: _____

Driver License No.: _____

Address: _____
Street City State Zip Code

Vehicle _____
Make Model Year Plate No. Vehicle Identification No.

The following information is to be **completed by your physician.** (Please print or type.)

Check the medical condition that may require the application of sun-screening material:

poly morphous light eruption
persistent light reactivity
actinic rectuloid
porphyrins
solar urticaria
lupus erythematosus

Description of Patient's condition requiring sun-screening:

Recommended treatment:

If the condition is dermatological, has photo testing been done to identify the action spectra or wavelength eliciting a photo-sensitive medical condition? ☐ Yes ☐ No

If "Yes," what is the wavelength eliciting photosensitivity: _____ nm or;

If "No," what is the action spectra (UVA, UVB, near UV, visible): _____

Physician Information

Name: _____

Business Address: _____
Street or P.O Box City State Zip Code

Medical License No.: _____ State _____ Date of Licensure _____

I certify, under penalty of law, that the above facts are true and correct to the best of my knowledge.

Physician's Signature: _____ Date: _____

(When complete, return to the address above.)